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ABSTRACT

Case records and recording practices are an important but ignored part of social casework. Social work recordkeeping methods have coincided with machine technology. At the Benjamin Rose Institute, recording in social work has gone through four clearly differentiated phases: (1) registered-typed records; (2) abbreviated diary; (3) process recording; and (4) differential recording. Recording has been influenced by technological developments, increasing emphases on accountability, federally mandated development of professional standards review organizations (PSROs), rulings on confidentiality, and changes in medical recordkeeping. Future trends indicate that recordkeeping will be computerized, and that records will return to chronological formats and will be shorter and more factual. (BL)

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A PATHFINDER'S REPORT: A HISTORICAL AND PROGRESSIVE VIEW OF RECORD KEEPING

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Records Paper

Introduction

"Records and record keeping systems have been a part of human history for as long as we have been able to write, count, catalog and store."[1] Case records and recording practices are an important but ignored part of social casework. Early social workers were critical of the methods of case recording and wrote extensively about the difficulties in determining valid, unbiased information.

Social Work, a new profession born in the 20th century, shows remarkable coincidence with technological impetus at several points in its development. For example, "with the invention of the typewriter at the turn of the century records and record keeping practices received their first technological impetus."[2] Now, in the 1980's, it is again likely that forces outside the profession will inevitably have a substantial impact on record keeping; for example, technological developments of audio-visual aids, computers and data banks.

According to Noel Timms, "recording in social work seems to have gone through four or more less clearly differentiated phases"[3] characterized as follows: (1) Registered-typed records; (2) Abbreviated diary; (3) Process recording; and (4) Differential recording. A review of client records written

over the past seventy-five years by staff at The Benjamin Rose Institute reveal striking parallels to the four phases identified by Noel Timms The Benjamin Rose Institute, a pathfinder, has since 1908 focused its attention and resources to understanding and responding to the needs of older persons and their families. This paper will give a brief overview of the Institute's experience in record keeping identifying both its trend-setting and trend-conformity during its first 75 years.

The Early Period

When in 1909 the Institute first began serving older persons living in the Greater Cleveland area, it documented its contacts with clients and its decisions made regarding awards of financial grants in handwriting on an application card. This card, three letters of recommendation and any subsequent correspondence were then collected and placed into envelopes measuring five inches by eight inches. In addition, ledgers were maintained to register the weekly or monthly disbursement of funds to "worthy" clients. Gordon Hamilton recalls this was a practice which was common for the early nineteen hundreds. She writes that "...records were often handwritten, or on half sheets of paper loosely clipped together, or worse still, folded and placed in an envelope, not designed for ready handling."[4]

During the first two decades of the century the records were "episodic and static, like photographs".[5] In commenting on that period, Margaret Cochran Bristol wrote that, "... (The record) was confined almost exclusively to the identifying data and an account of the amount and kinds of material relief provided."[6]

Burton J. Bledstein observed that, "The first stage in a communications revolution that seemed to imbue written words with a special power"[7] occurred at the turn of the century with the invention of the typewriter. He characterizes this period in American history as obsessed with words: "A man was his word or the words others used about him. Doctors, lawyers, teachers, ... social workers, ... staked out their respective territories, evolved codes of ethics, laid claims to bodies of scientific knowledge, and set about convincing the rest of the populace through newspapers, magazines, books, and other print media that expert authority resided with them."[8]

"In order to understand the special significance of record keeping to the emerging profession of Social Work, it must be remembered that early social workers had to rely heavily on the knowledge and scientific respectability of Medicine. In fact, the founders of social work adopted the medical model of study, diagnosis and treatment, and referred

to this methodology as Social Casework. While medicine was crucial to social work's achieving scientific respectability, it was the Legal profession that provided early social workers with case recording guidelines, techniques of investigation, and methods of distinguishing between real and testimonial evidence, inference and fact, and circumstantial evidence and hearsay."[9]

Social Work's unique contribution to the other more established professions was to be the authenticated and interpreted "social fact". The logical place for these social facts to be amassed was in the case record. Bristol, who believed that "record and method are inextricably linked", makes the connection explicit when she writes, "Some form of case record has been associated almost universally with social casework."[10]

For Mary Richmond, the foremother of Social Work, the purpose of the case record was to gather "social evidence" in order to make a "social diagnosis".[11]

In the family field, the gathering of "social evidence" occurred in this fashion: The first contact was entrusted to a clerical office secretary who took down both registration data and the main features of the situation. The worker then made a visit at the home and obtained there, partly

through question and partly through answer a full factual statement of present and past circumstances, which was later organized in the record into the so-called "first interview" of social diagnosis.

During this period extensive changes also occurred in case records in respect to the narrative. At first it was confined almost exclusively to the identifying data, but later was devoted to a more or less description and analysis of the individual members of the family and their relationships to each other and to the community.[12]

Although the decade 1920-1930 saw a rapid development in the use of the partially or wholly summarized record, some agencies never departed far from chronological recording, permitting themselves, at the most, a "diagnostic summary"--a form of recapitulated social history. Since the practice had been to record the social study as-it-happened, or diary fashion, even when monthly summaries were used these appeared as condensed narratives rather than topical rearrangements.[13]

Not until the third decade, under psychiatric and psycho-analytical influences, was behavior studied, first descriptively and then more and more for its meaning to the client.

The Middle Period

The 1930's--a rapidly changing decade--saw the Great Depression, the extraordinary advances in welfare set in motion by the passage of the Social Security Act, and the tragic drift toward the second World War. Development in the social science laboratory in the attitudes, behavior or other measurements, did not yet permit much adaptation for case records, so that the case record remained an informal journal rather than an instrument of precision. However, recording was recognized as an integral part of casework...with recording viewed as a product of the activity of the case worker, and a part of her case work procedure. In 1936 case recording in all fields represented certain generic features. While all records dealt with the processes of diagnosis and treatment, arbitrarily arranged, case records were prepared primarily with a view to their value in facilitating treatment. Hamilton, writing in 1935-36 observed that, "The ordinary case records in most social agencies were typewritten on one or both sides of 8½ x 11 sheets and bound in a cheap but strong manila folder. This modern record was firmly held together by one of several reliable devices and opened flat like a book. The face sheet--which had at a minimum enough data to clear through

a social service exchange--was seen as having the purpose of giving identifying data about the persons concerned in a social situation."[14]

The face sheet was usually followed by separate "workups" of medical, psychiatric, psychological and social studies, or followed by the social notes alone.[15] Similar face cards, forms and outlines were used in all fields and the physical format was roughly comparable. Records differed more from agency to agency than field to field, and differed markedly within agencies from worker to worker.[16]

The word history was still somewhat loosely used to cover either the whole case narrative or merely the initial stage of social study which included background and personal history of the client and his family.

General opinion was that the narrative form was the simplest and "usually the best way" to[17] report material dealing with attitudes, feelings, and worker-client relationships for this style best permitted the use of verbal material and observed behavior in the interview. "A good record (was one) in which issues have been apprehended early and in which there was a minimum of fact or thinking irrelevant to the problems under consideration". As[18] Gordon Hamilton wrote, "One requires only as much data as will enable him to understand the problem to be solved and the main factors in its solution".[19] As for the record writer some believe that in

an ultimate sense, only the trained diagnostician can write a good record, for only he can pluck from the unending web of social experience the thread of probable significance.

Of the early and middle 1930's Gordon Hamilton wrote, "Diagnostic thinking in all forms is still inadequate, but progress is marked. Purely factual recapitulation is yielding to interpretation and evaluation as skill among caseworkers is increasing. Inferences, impressions, problem configurations, diagnostic statement, and diagnostic discussion and evaluation are indispensable in the treatment record. ...Style remains individual, with values always in brevity and lucidity. Records are now more objective in reporting data, more precise in concept and terminology than formerly."[20]

Bristol wrote that the "case record is the bridge which helps to span the chasm of time and space".[21] She also noted that, "Owing to the frailties of the human mind, case records are essential for refreshing the memory of the case worker... Records also prove of great value in cases of emergency when the regular worker is ill and when, despite all unforeseen difficulties, "the treatment must go on"".[22] Another writer shared an observation that is as true today as it was when written. "Effective recording like effective listening is always an active process of attention and selection. It is

not the recording which is difficult; it is the thinking which precedes it."[23]

Another observation was shared which is truer today than when penned; namely that, "At present records are costly to write, and to read. As advances are made in social case-work, it is hoped that the professional record will become increasingly selective."[24]

The Later Period: 1970's And Behond

Helen Pinkus writing in The Encyclopedia Of Social Work in 1977, noted that the most often used pattern of recording currently (early 1970's) consisted of extensive recording of the initial interviews plus summaries at stated intervals, usually three-month intervals--as well as at the time of closing. Extensive and intensive recording had been discontinued with, however, some differentiation that depended on the nature of the record.[25]

A number of agencies reported that they were either destroying or microfilming records after a stated period of time, often five years. There was an increased reliance on tape-recorded interviews for the purpose of supervision, consultation, and self evaluation.[26]

Alfred Kadushin in 1972 commented on the diversity in the systems of record-keeping used in social work: "Traditionally, social work recording has been designed to meet

a number of different purposes... there is no concensus on the principle purposes of social work recording; consequently recording has served these various purposes with limited effectiveness and has served no purpose well".[27]

Twelve years later Jill Doner Kagle writing in Social Work observed that, "The era when social work agencies could keep detailed narrative records on each client has passed. The cost of such recording is prohibitive."[28]

Although the literature suggests the profession was unresponsive to internal forces urging changes in recording practices, that by the mid-1970's forces outside the profession were seen as inevitably having a substantial impact on record keeping. These forces, although separate, were closely inter-related and included (1) the technological development of audio-visual aids, computers and data banks; (2) an increasing emphasis on accountability; (3) the federally mandated development of professional standards review organizations (PSROs) and expansion of contractual agreements among volunteer agencies, federal and state bodies, and insurance carriers; (4) recent rulings on confidentiality, the client's right to access to his records, and review of the true meaning of informed consent; and (5) a widespread change in the way records are kept in the medical profession.[29]

Recent authors have also observed that:

- There is widespread agreement that the purposes of recording are accountability and the protection of confidentiality, although there is no agreement on a record format that will accomplish these purposes.[30]
- Accountability to a variety of funding sources is of particular concern not only because of varied reporting methods, but also because accountability is being defined by outside forces according to their own criteria.[31]
- Almost all agencies are reviewing their record keeping in the light of the concept that the client has the right to know what is in his record. This emphasis on the right of clients had led some agencies to involve their legal counsel in the development of guidelines designed to protect client rights and confidentiality.[32]
- There is little enthusiasm for the development of data banks because of concern for confidentiality.[33]
- There is also a marked increase in the number of forms being developed or in the requirement for the particular format.[34]

By the opening of the 1980's the computer was increasingly

and inexorably influencing our lives and numbers of social workers were urging their colleagues to acknowledge that fact in order to adapt the computers' powers to their profession's purposes--for their own and others' good.

While the computer is viewed variously as an aid to accountability, efficiency and research, as a measurement of effectiveness, and as the tool that bridges the gap between theoretical knowledge and the technology of practice, it is also acknowledge that "...the development of the computer has broad implications, both positive and negative, for recording".[35] Here enthusiasm is tempered by concerns over confidentiality.

Since the use of computers requires a different type of narrative reporting than that traditionally used in social work agencies, concentration on the development of new recording systems for computer use seem inevitable to some extent.[36]

Elizabeth Mutschler writing in the January 1984 edition of the NASW News observes that, "What is most important, however, is that social work professionals accept the fact that the computer is here to stay and learn to become its masters, because failure to recognize it may result in their becoming its slaves. ...I think it will come whether

we want it or not--for efficiency reasons. It's better for professionals to know about it so we will be in charge of how it's going to be used, and not let others make the decisions for us."[37] Writing in that same edition Richard L. Reinhoel, a member of the Social Work Program faculty of the University of Wisconsin-Superior and a computer consultant with Human Development Consortium, Inc.; writes: "If we continue to leave the development of the computer systems up to the large corporations, banks, and the military we will have systems that reflect their goals--profit and militaryism. Social Workers and other human services professionals must take an active part in learning, using, and developing computer systems to meet their goals--the betterment of individuals and social systems."[38]

Future Trends

Helen Pinkus writing in The Encyclopedia of Social Work indicates that, "It is probable that new methods of record keeping... will be developed to perfect those seeking or requiring social work services. Records will undoubtedly be shorter and more factual. The demands of funding sources for accountability may reverse the current trend toward occasional summaries with an increase in chronological entries; the brief recording being used by social workers in private practice, who are familiar with requirements of vendor payments, may become the standard for agency practice.

...The use of computers will increase. It remains to be seen whether centralized recording formats will evolve and whether such an evolution will enable the profession not only to become more accountable but also to use the system for research, theory building, and the development of practice theory. The issues of informed consent, ..., and recent legislation that requires clients to have access to their own records, something that has not heretofore been thought of as a criteria for a social work record, may require substantial revision in present methods of keeping records."[39]

Ms. Pinkus concludes her article with a word of caution... "there is general agreement that the knowledge on which casework is based is the most thorough and complete of the practice methodologies. This knowledge may well depend on the now rejected "intensive and extensive" recording that has been practices so long. It's rejection may result in losses to the profession as well as gains."[40]

While today the case record may be taken for granted as both factual and objective, it is well in closing to consider this observation regarding the continuing character of case records; namely "...records try to tell a story, sometimes of the past, but always of the present interaction between an agency and particular clients, either singly or in groups".[41]

Notes

1. "Case Records: Fact or Fiction?", Terry Holbrook. Social Service Review, 57 (4), (December 1983), p. 645.
2. Ibid.
3. Recording In Social Work, Noel Timms. London & Boston: Rutledge & Kegan, 1972, p. 8.
4. Social Case Recording, Gordon Hamilton, New York School of Social Work. New York: Columbia University Press, 1936, p.9.
5. Ibid, p. 89.
6. Handbook On Social Case Recording, Margaret Cochran Bristol. Chicago: University of Chicago Press, 1936, p. 96.
7. "Case Records: Fact or Fiction?", Terry Holbrook. Social Service Review, 57 (4), (December 1983), p. 645.
8. Ibid, pp. 645-6.
9. Ibid, p. 646.
10. Handbook On Social Case Recording, Margaret Cochran Bristol. Chicago: University of Chicago Press, 1936, pp. 4-5.
11. "Case Records: Fact or Fiction?", Terry Holbrook. Social Service Review, 57 (4), (December 1983), p. 646.
12. Handbook On Social Case Recording, Margaret Cochran Bristol. Chicago: University of Chicago Press, 1936, pp. 96-7.

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13. Social Case Recording, Gordon Hamilton, New York School of Social Work. New York: Columbia University Press, 1936, p. 18.
14. Ibid, p. 9.
15. Ibid, pp. 12-13.
16. Ibid, p. 182.
17. Theory And Practice of Social Case Work, Gordon Hamilton, pp. 134-35.
18. Social Case Recording, Gordon Hamilton, New York School of Social Work. New York: Columbia University Press, 1936, p. 184.
19. Ibid.
20. Ibid, pp. 183-4.
21. Handbook On Social Case Recording, Margaret Cochran Bristol. Chicago: University of Chicago Press, 1936, p. 5.
22. Ibid.
23. Social Case Recording, Gordon Hamilton, New York School of Social Work. New York: Columbia University Press, 1936, pp. 181-2.
24. Ibid, p. 184.
25. Encyclopedia Of Social Work, Helen Pinkus, "Recording In Social Work", p. 1166.

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26. Ibid, p. 1167.

27. "The Social Work Interview", Alfred Kadushin. New York: Columbia University Press, 1972, p. 215.

28. Restoring The Clinical Record", Jill Donner Kagel. Social Work,(January-February 1984), p. 48.

29. Encyclopedia of Social Work, Helen Pinkus, p. 1163.

30. Ibid, p. 1167.

31. Ibid.

32. Ibid.

33. Ibid.

34. Ibid.

35. Ibid, p. 1163.

36. Ibid, p. 1164.

37. Elizabeth Mutschler, quote in "Social Workers Harnessing Technology", NASW News (January, 1984), p. 4.

39. Richard L. Reinoehl, "Social Workers Harnessing Technology", NASW News (January, 1984), p. 3.

39. Encyclopedia of Social Work, Helen Pinkus, "Recording In Social Work", pp. 1167-68.

40. Ibid.

41. Recording In Social Work, Noel Timms. London & Boston: Rutledge & Kegan, 1972, p. 68.